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| AO435<br>(Rev. 04/18; WDVA Rev. 11/19)  |  | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  |                                   | FOR COURT USE ONLY                 |  |
| <b>TRANSCRIPT ORDER FORM</b>  |  |  |                                   |                                    |  |
| Please Read Instructions on Page 2.   |  |  |                                   |                                    |  |
| <b>1. REQUESTOR'S INFORMATION:</b>  |  | NAME<br>Jonathan Opdyke  |                                   | TELEPHONE NUMBER<br>952-214-6914   |  |
| DATE OF REQUEST<br>02/18/2020   |  | EMAIL ADDRESS (Transcript will be emailed to this address.)<br>jonathanopdyke@hotmail.com        |                                   |                                    |  |
| MAILING ADDRESS<br>1333 H Street NW, Suite 700E   |  |  |                                   | CITY, STATE, ZIP CODE<br>20005     |  |
| <b>2. TRANSCRIPT REQUESTED:</b>   |  | NAME OF COURT REPORTER Donna Prather   |                                   |                                    |  |
|   |  | OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR                            |                                   |                                    |  |
| CASE NUMBER<br>1:19CR16   |  | CASE NAME<br>USA v Indivior  |                                   | JUDGE'S NAME<br>James P. Jones     |  |
| DATE(S) OF PROCEEDING(S)<br>02/14/2020  |  | TYPE OF PROCEEDING(S)<br>Motions Hearing   |                                   | LOCATION OF PROCEEDING<br>Abingdon |  |
| REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (Must specify below) |  |  |                                   |                                    |  |
| SPECIFIC PORTION(S) REQUESTED (If applicable):<br>Note: Transcript has already been transcribed and the cost is \$64.80.                              |  |  |                                   |                                    |  |
| <b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b><br>(See Page 2 for descriptions of each service turnaround category.)                                |  |  |                                   |                                    |  |
| <input type="checkbox"/> Ordinary (30-Day)  |  |  | <input type="checkbox"/> Daily    |                                    |  |
| <input type="checkbox"/> 14-Day   |  |  | <input type="checkbox"/> Hourly   |                                    |  |
| <input type="checkbox"/> Expedited (7-Day)  |  |  | <input type="checkbox"/> RealTime |                                    |  |
| <input type="checkbox"/> 3-Day  |  |  |                                   |                                    |  |
| <b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).   |  |  |                                   |                                    |  |
| DATE<br>02/18/2020  |  | SIGNATURE<br> |                                   |                                    |  |

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

Transcript Fee Rates can be found on our website under Standing Orders at:

<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.